

<b>Case Number:</b>	CM13-0071643		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 year-old female with a 12/16/2009 industrial injury claim. She has been diagnosed with chronic pain syndrome; lumbar radiculopathy; pain related insomnia; myofascial syndrome; neuropathic pain; and tension headaches. According to the 11/7/13 pain management report from [REDACTED], the patient presents with 7/10 pain in the neck, low back, left shoulder and left foot. The pain with medications is 7/10 and without is 10/10. [REDACTED] recommended another UDT; Norflex; Colace; Compazine; 5HTP. Between the 11/21/13 and 12/4/13 UR letters, these items have been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Screen Section.

**Decision rationale:** MTUS does not specifically discuss the frequency that UDT should be performed. The Official Disability Guidelines (ODG) is more specific on the topic and states, Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being above low risk for aberrant drug behavior. The ODG states that for patients at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines. The request is not medically necessary or appropriate.

**NORFLEX 100MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section, Page(s): 63-66.

**Decision rationale:** The patient presents with 7/10 pain in the neck, low back, left shoulder and left foot. The California MTUS states muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The records provided for IMR show the patient has been using Norflex over 6-months from 5/14/13 through 11/7/13, and there is no documentation of acute exacerbation of low back pain. The continued long-term use of Norflex without acute exacerbation of chronic low back pain is not in accordance with MTUS guidelines. The request is not medically necessary or appropriate.

**MEDROX PATCHES #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, Page(s): 111-113.

**Decision rationale:** The patient presents with 7/10 pain in the neck, low back, left shoulder and left foot. I have been asked to review for Medrox patches. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound also contains Capsaicin 0.0375%, and MTUS for capsaicin states " There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. " MTUS does not appear to support the use of 0.0375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines and is not medically necessary.

**COLACE 100 MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 77.

**Decision rationale:** The patient presents with 7/10 pain in the neck, low back, left shoulder and left foot. I have been asked to review for Colace. The records show the patient is using Dilaudid for pain control. MTUS guidelines state when initiating a trial of opioids that prophylactic treatment of constipation should be initiated. The request for Colace is in accordance with MTUS guidelines and thus medically necessary.

**COMPAZINE 10 MG #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics Section.

**Decision rationale:** The patient presents with 7/10 pain in the neck, low back, left shoulder and left foot. I have been asked to review for Compazine for nausea. There is no discussion of nausea or vomiting on the 11/7/13 report, and no discussion of efficacy of Compazine. The Official Disability Guidelines (ODG) state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The request without a rationale for Compazine does not appear to be in accordance with ODG guidelines and thus is not medically necessary.

**5HTP #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes Section, Page(s): 8-9.

**Decision rationale:** The patient presents with 7/10 pain in the neck, low back, left shoulder and left foot. I have been asked to review for 5HTP for chronic pain related depression. This is classified as a dietary supplement, and therefore is not FDA approved to treat any medical condition. Furthermore, there is no reporting on efficacy with use of 5HTP. MTUS on page 9 states all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The documentation does not support a satisfactory response. There is no mention

of improved pain, or improved function or improved quality of life with the use of 5HTP. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request is not medically necessary or appropriate.